-2010-2171241

3/18/15 Oliginal to compliance - assignments

COPY TO COMMONWEALTH OF PENNSYLVANIA RECEIVED PUBLIC UTILITY COMMISSION DMINISTRATIVE SERVICES PO BOX 3265

HARRISBURG, PA 17105-3265 2015 MAR I I AM 10: 27

2014 ASSESSMENT REPORT-MOTOR CARRIERS

This Report MUST BE FILED not later than MARCH 31, 2015. Failure to file may result in fines up to \$1,000 for each day a

violat	ion c	ontinues (66 P	a. C.S	S. § 3301).		·	·		
TRADE OR CORPORATE NAME OF UTILITY:		UTILITY			ATION#				
ERIK R MILLER				891	207	5	 -		
CONTACT NAME.						ECEI	'VED		
ADDRESS 1:		ADDRESS 2	(Floor,		4 K	Ber Ver Brand	AN CITA HITSE		
P O BOX 417			MAR 2 0 2015						
MIFFLINVILLE, PA 18631				PA		BLIC UTILITY SECRETARY'S	COMMISSION BUREAU		
OPERATING REVENUE FOR	CAI					d to the nearest	dollar.)		
		PROPERTY	но	USEHOLD GOODS	Gre		ENGER Passenger 15 and Under		
1. PA INTRASTATE OPERATING REVENUE	\$	Na	\$	Na	\$	1/9	s 1/9		
2. PA EXEMPT INTRASTATE REVENUE	\$	No	\$	N_a	\$	Na	\$ 1/9		
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)	\$	Na	\$	Na	\$	Na	s Na		
		(All	amo	unts shall be ro	ınde	d to the nearest	dollar.) ENGER		
PA EXEMPT INTRASTATE REVENUE Enter a number from enclosed Exempt Revenue list as applicable. (Attach additional sheets as needed)		PROPERTY		HOUSEHOLD GOODS	Gro	oup and Party 16 or more	Other		
inactive for year 2014	\$	0	\$	0	\$	0	s 🔿		
inactive for year 2014 didn't Run at-all				 					
				·					
				<u></u>					
TOTAL (Enter on Line 2 above)	\$	0	\$		\$	<u> </u>	<u>s</u> O		
LICE DE	CIC	TO A TION I	NUCO	DM ATION					
2014 UCR Registered: YES NO	<u> </u>	TRATION I	NFU	KNIATION			<u></u> _		
IF YES:				<u> </u>		<u> </u>	-		
US DOT #:INTERST	ΑT	E OPERA	TI	NG REVE	NU	J E: s			
MC Number:									

AR-14-MC

AUTHORIZATION FOR RELEASE OF STATE TAX RECORDS

In accordance with Sections 505 and 506 of the Public Utility Code, as a means to verify the accuracy of financial information supplied to the Public Utility Commission, I hereby authorize the Pennsylvania Department of Revenue to release to the Public Utility Commission, any tax records filed or compiled with regard to the below-listed utility and/or individual.

	<u>C.H. Alor</u> Utility Name	uling & Excavat R. Miller	ing LLC	-			
	x Cich	R Malla, Signature					
Date: 3.2.15	Name (Printed)	miller					
	<u></u>						
							
	AFE	IDAVIT					
ffirm that the inforr	nation reported herein is con		rect.				
	(Signature of Individual or	Officer) (Date)	<u>. </u>				
DABLE (PRINT OR TYPE) NAME OF	INDIVIDUAL or OFFICER ABOVE:		NOTARIZATION (Required) Subscribed and sworn to before me				
		this	day of	2015			
DE NAME OR CORPORATE NAME	OF UTILITY:		NOTARY SIGNATURE				
		OFFICIAL SEAL	(Official Title)				
ERAL ID:	TELEPHONE NO.: Office ()	Ext.	,				
	Cell ()						
me of person to be contacted	for additional information:		(Date My Commission Exp.	ires)			
ne:(printed) phone:	Ext.		·				
phone.	LAI.						
		•	· · ·				